X Y
2017 CITY OF LOS ANGELES SPEAKER CARD
Date THE CITY COUNCIL'S ROLES OF 549 Council File No., Agenda Item, or Case No. DECORUM WILL BE ENFORCED.
I wish to speak before the
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal
Name: Fuck You herman General comments
Business or Organization Affiliation: FHWA
Address:
Business phone: Street 495-5036 Representing: City 60V. BROWN ADA 12101 CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:
Client Name: Phone #:
Client Address: Street City State Zip Chil
Street City CA State Zip 90012
Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.
VAN NUVS NOTE: THIS IS A PUBLIC DOCUMENT. CASE NO. BC 598 202

CITY OF LOS ANGELES SPEAKER CARD

NOTE: THIS IS A PUBLIC DOCUMENT SUBJECT TO POSTING ON THE CITY'S WEBSITE. YOU ARE NOT REQUIRED TO PROVIDE PERSONAL INFORMATION IN ORDER TO SPEAK, EXCEPT TO THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO CALL UPON YOU

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Date Twish to speak before the		Council File No., Agenda Item, or Case No.
	Name of City Agency, Department, Committee	or Council
Do you wish to provide general polyname:	ublic comment, or to speak for or against a prop	osal on the agenda? () For proposal () Against proposal () General comments
Business or Organization Affiliation	on:	
Address:		0
		State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOW:
Client Name:		Phone #:
Client Address:	04.	01-1-
Street	City	State Zip

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Date	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	, Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee	or Council	<i>D</i>
Do you wish to provide gene Name: Business or Organization Aff		osal on the agenda	() Against proposal
Address:Street		0	
	City Representing:	State	Zip
CHECK HERE IF YOU AR	RE A PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELO	ow:
Client Name:		P	hone #:
Client Address:Street	City	State	Zip

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